

## CUSTOMER INFORMATION FORM

Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

**Customers's Details:**  Individual  Sole Trader  Trust  Partnership  Company  Other:

Full or Legal Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Accounts Email: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**Personal Details:** *(please complete if you are an Individual)*

(1) Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
 Driver's Licence No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**Business Details:** *(please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)*

Trading Name: \_\_\_\_\_ GST No: *(if applicable)* \_\_\_\_\_  
 NZBN: \_\_\_\_\_ Date Incorp: *(current owners)* \_\_\_\_\_  
 Purchasing Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Directors / Owners / Trustee:** *(if more than two, please attach a separate sheet)*

(1) Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Driver's Licence No: \_\_\_\_\_ Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
 (2) Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Driver's Licence No: \_\_\_\_\_ Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**Privacy Officer Details:**

Full Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that the above information is true and correct and that I accept the supply of credit by Insinc Products Limited. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Insinc Products Limited which form part of, and are intended to be read in conjunction with this Customer Information Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein.

**SIGNED (CUSTOMER):** \_\_\_\_\_ **SIGNED (IPL)** \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Position: \_\_\_\_\_ Position: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

